

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL AVE.
PIERRE, S.D. 57501
(605)773-4845
FAX (605)773-4550

**CANCELLATION OF REGISTRATION
OF A
FOREIGN LIMITED PARTNERSHIP**

FILING FEE: \$100

The undersigned, on behalf of the limited partnership named below, hereby certifies that:

1. The name of the foreign limited partnership is _____

2. The date of filing the certificate is _____

3. The state of its formation is _____

4. The reason for filing this certificate of cancellation is:

The cancellation must be signed by a general partner in the presence of a notary public.

Dated _____

Signature of General Partner

State of _____
County of _____

On this the _____ day of _____, 20____, before me _____, the undersigned officer, personally appeared _____, known to me or satisfactorily proved to be the person whose name is subscribed to the within instrument and acknowledged executing the same for the purposes therein contained. In witness whereof I have hereunto set my hand and official seal.

My Commission Expires

Notary Public Signature

Notary Seal

Submit one original and one copy.

foreignlpcancellation July 2005